## Congress of the United States Washington, DC 20515

October 6, 2020

The Honorable Nancy Pelosi U.S. House of Representatives H-232, U.S. Capitol Building Washington, DC 20515

Dear Speaker Pelosi,

As the COVID-19 pandemic continues to dramatically impact the communities we represent, we thank you for your hard work and leadership on emergency response efforts.

We would like to highlight the role that pharmacies have played in COVID-19 testing and ask for your support for a provision that would expand their ability to continue to do so. Specifically, as we enter the 2020 flu season and face a potential increase of coronavirus infections in the cooler months, it is critical that any individual who needs either test be able to access one, especially in rural and underserved communities. The initial similarities of symptom presentation between COVID-19 and seasonal influenza make a quick and accurate diagnosis important for appropriate next steps. Pharmacies can be the access point, but barriers still exist that prevent more pharmacies from expanding testing further.

Pharmacies are currently testing for COVID-19 largely through two models: Swab-and-Send and Point-of-Care. Under the Swab-and-Send model, the pharmacist collects the specimen and sends it to a laboratory for analysis. Under the Point-of-Care model, pharmacies that are registered as Clinical Laboratory Improvement Amendments (CLIA) waived laboratories collect the specimen and then analyze the specimens on-site using an FDA-authorized point-of-care test available on the market.

In terms of participation and reimbursement, we understand that many pharmacies are only able to be directly reimbursed through a public-private partnership with the Administration. Further, not all pharmacies are able to register as a CLIA waived laboratory or acquire the tests necessary to provide Point-of-Care testing, limiting the ability for pharmacies to participate in this testing model. In fact, through most of the pandemic, only 1,874 pharmacies have registered as new CLIA waived laboratories, bringing the total number of pharmacies registered as such to only a small portion of pharmacies in the U.S.: 14,443 of approximately 88,000 pharmacies nationwide (https://naspa.us/resource/covid-19-testing/). These barriers have left a majority of potential pharmacy testing capacity off the table.

We support legislative language that would allow pharmacists to be reimbursed for conducting COVID-19 and influenza tests, and important testing-related services such as specimen collection and patient counseling through the Medicare program. This language would allow pharmacies to utilize their pharmacists to quickly scale up both COVID-19 and influenza testing models. The reimbursement authority would be limited to these COVID-19 and influenza related services for the duration of the Public Health Emergency designation.

We urge you to include this language in any upcoming coronavirus package so that pharmacies can further expand their testing efforts and help to stop the spread of COVID-19, particularly in those communities that need it most.

Sincerely,

KURT SCHRADER

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